#### **CANDIDATE REPORT OF 2008** RECEIPTS AND DISBURSEMENTS

h	ECEIVE	A
K	FEB 0 3 2009	
	Campaign Finance Secretary of State	

Name of Candidate Wayne H. Brown Campaign Finance	
Address P. O. Box 205, Lucedale, MS 39452 County George State	
Telephone (Work) 601-583-0859 (Home) 601-947-3721 (Fax) 601-544-0227	
Contact Name Wayne H. Brown Email Address whbrown@mdot.state.ms.us	3
Office Sought Southern Dist. Transportation Comm. Political Party Democrat	
Check here if above is different from previous report  TYPE OF REPORT  • CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •	
October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008)	
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)Runoff Candid	
XX January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008)	
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)  Required to terminate reporting obligations	ŧ
(1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0"	
for total amount of reported contributions and expenditures during this period.  (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.	the
for total amount of reported contributions and expenditures during this period.  (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.	the
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for total amount of reported contributions and expenditures during this period.  (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.  REPORTED CONTRIBUTIONS AND DISBURSEMENTS  (itemized + non-itemized) Total This Period Calendar year-total amount of contributions \$  \$200,070.00 \$  \$200,070.00 \$  \$200,070.00 \$	by o-date
for total amount of reported contributions and expenditures during this period.  (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.  REPORTED CONTRIBUTIONS AND DISBURSEMENTS  (itemized + non-itemized) Total This Period Calendar year-total amount of contributions \$  193,750.00 6,320.00 \$  200,070.00 200,070.00	by o-date
for total amount of reported contributions and expenditures during this period.  (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.  REPORTED CONTRIBUTIONS AND DISBURSEMENTS  (itemized + non-itemized)  Total amount of contributions \$  193,750.00	o-date

result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

100 c

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or	Committee	WAYNE H. BROWN				
Reporting period	January 1, 2008	through	December 31, 2008			

A. Full Name	AT&T	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	1 / 2 / 2008	\$ 53.65
W = 000 LHE0Ex50.50110		1 / 2 / 2008	\$ 31.63
City, State, Zip Code	ATLANTA, GA 30348	1 / 26 / 2008	\$ 57.11
	SALES TO THE STORY DESCRIPTION OF THE SALES	1 / 26 / 2008	\$ 36.16
Purpose of Disbursem	ent (Optional) telephone service	Aggregate	
	(	Year-to-date	
B. Full Name	AT&T	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	2 / 6 / 2008	\$ 38.34
		2 / 21 / 2008	\$ 56.64
City, State, Zip Code	ATLANTA, GA 30348	3 / 24 / 2008	\$ 39.79
o.i,, o.o.o,		3 / 24 / 2008	\$ 54.52
Purpose of Disbursem	ent (Optional) telephone service	Aggregate	
		Year-to-date	
C. Full Name	AT&T	Date	Amount of each
	unanation.	Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	4 / 22 / 2008	\$ 36.77
maning / laar 000	1.0.00/ 100202	4 / 28 / 2008	\$ 56.87
City, State, Zip Code	ATLANTA, GA 30348	5 / 16 / 2008	\$ 41.18
Oity, Otate, Zip Gode	711111171, 671 00040	5 / 28 / 2008	\$ 57.52
Purnose of Dishursem	ent (Optional) telephone service	Aggregate	<b>\$</b> 37.32
ruipose di Disbuisein	ent (Optional) telephone service	Year-to-date	
D. Full Name	AT&T	Date	Amount of each
D. Full Name	Aldi		disbursement this period
Mailing Address	P. O. BOX 105262	Mo., Day, Year) 6 / 19 / 2008	\$ 125.06
Maining Address	1. O. BOX 103202	7 / 14 / 2008	\$ 78.60
City State 7in Code	ATLANTA, GA 30348	7 / 21 / 2008	\$ 38.55
City, State, 2ip Code	ATEMIA, OA 30340	7 / 21 / 2008	\$ 63.84
Purpose of Disburgory	ent (Optional) telephone service		\$ 03.84
ruipose di Dispuiseille	ent (Optional) telephone service	Aggregate Year-to-date	
E. Full Name	AT&T		Assessed of south
E. Full Name	Alai	Date	Amount of each
Mailing Address	P. O. BOX 105262	Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	8 / 18 / 2008	\$ 55.33
City State 7:- Cad-	ATI ANTA CA 20249	8 / 18 / 2008	\$ 35.51
City, State, Zip Code	ATLANTA, GA 30348	9 / 15 / 2008	\$ 36.21
Dumana of Dishama	ant (Ontional) talanhansi	9 / 23 / 2008	\$ 56.17
Purpose of Disburseme	ent (Optional) telephone service	Aggregate	
F. F. II Nove	ATOT	Year-to-date	
F. Full Name	AT&T	Date	Amount of each
	D.O. DOV 105000	Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 105262	10 / 27 / 2008	\$ 38.08
		11 / 4 / 2008	\$ 53.03
City, State, Zip Code	ATLANTA, GA 30348	11 / 17 / 2008	\$ 31.29
		12 / 1 / 2008	\$ 64.01
Purpose of Disburseme	ent (Optional) telephone service	Aggregate Year-to-date	1

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Name of Candidate or Committee WAYNE H. BROWN

Reporting period 1/1/2008 through 12/31/2008

A. Full Name	AT&T	Date (Ma Day Year)	Amount of each
Mailing Address	P. O. BOX 105262	(Mo., Day, Year) 12 / 22 / 2008	disbursement this period \$ 55.54
City, State, Zip Code	ATLANTA, GA 30348	12 / 26 / 2008	\$ 36.03
Purpose of Disburser	nent (Optional) telephone service	Aggregate Year-to-date	\$1,327.43
B. Full Name	ACEC	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1015 15TH ST., N.W., 8TH FLOOR	9 / 11 / 2008	\$ 300.00
City, State, Zip Code	WASHINGTON, DC 20005-2605	/ /	
Purpose of Disburser	nent (Optional) FELLOW DUES	Aggregate Year-to-date	\$ 300.00
C. Full Name	BUIE'S FAMILY CATERING	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 2031	11 / 4 / 2008	\$1,500.00
City, State, Zip Code	NATCHEZ, MS 39121	/ /	
Purpose of Disbursen	nent (Optional) MDOT EMPLOYEES AWARD DINNER	Aggregate Year-to-date	\$1,500.00
D. Full Name	CELLULAR SOUTH	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 519	1 / 8 / 2008 2 / 6 / 2008	\$ 39.72 \$ 65.84
City, State, Zip Code	MEADEVILLE, MS 39653-0519	3 / 6 / 2008 4 / 7 / 2008	\$ 77.01 \$ 63.36
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	
E. Full Name	CELLULAR SOUTH	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 519	5 / 8 / 2008 6 / 5 / 2008	\$ 66.25 \$ 64.37
City, State, Zip Code	MEADEVILLE, MS 39653-0519	7 <u>/</u> 10 <u>/</u> 2008 8 / 6 / 2008	\$ 67.54 \$ 67.54
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	
F. Full Name	CELLULAR SOUTH	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P. O. BOX 519	9 / 11 / 2008 10 / 9 / 2008	\$ 64.11 \$ 68.82
City, State, Zip Code	MEADEVILLE, MS 39653-0519	11 / 7 / 2008 12 / 8 / 2008	\$ 67.27 \$ 63.20
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	\$ 770.80

			Page	3	of	6
Name of Candidate or	Committee	WAYNE H. BROWN				
Reporting period	January 1, 2008	through _	December 31, 2008			

A. Full Name	FIRST UNITED PENTECOSTAL CHURCH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1071 HWY. 61	3 / 24 / 2008	\$350.00
City, State, Zip Code	NATCHEZ, MS 39121	1 1	
Purpose of Disburser	ment (Optional) MEAL TO HONOR MINISTERS	Aggregate Year-to-date	\$350.00
B. Full Name	FRONT PORCH RESTAURANT	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		12 / 10 / 2008	\$330.00
City, State, Zip Code	HATTIESBURG, MS	1 1	
Purpose of Disburser	nent (Optional)	Aggregate Year-to-date	\$330.00
C. Full Name	HORNE CPA GROUP	Date	Amount of each
8.4 - W 8.4 - 4	44050 OLD 00 COLITIL	Mo., Day, Year)	disbursement this period
Mailing Address	11259 OLD 63 SOUTH	4 / 14 / 2008	\$575.00
City, State, Zip Code	LUCEDALE, MS 39452	1 1	
Purpose of Disburser	nent (Optional) ACCOUNTING SERVICES	Aggregate	
a poss of stosards.	(0)	Year-to-date	\$575.00
D. Full Name	LUCEDALE ROTARY CLUB	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 181	2 <u>/</u> 26 <u>/</u> 2008	\$122.00
		5 / 29 / 2008	\$107.00
City, State, Zip Code	LUCEDALE, MS 39452	7 <u>/</u> 24 <u>/</u> 2008	\$ 90.00
		12 / 2 / 2008	\$152.00
Purpose of Disburser	nent (Optional) MEMBERSHIP DUES	Aggregate Year-to-date	\$471.00
E. Full Name	MARILYN BOUNDS	Date	Amount of each
z. Full Name	MARILTN BOUNDS	Mo., Day, Year)	disbursement this period
Mailing Address	136 EVELYN BROWN LANE	2 / 6 / 2008	\$500.00
naming Address	100 EVEETIV BROWN BARE	2 / 22 / 2008	\$ 41.14
City, State, Zip Code	LUCEDALE, MS 39452	4 / 30 / 2008	\$350.00
,,,, c.z.c, <u>z.p</u> c c c c		5 / 27 / 2008	\$ 49.68
Purpose of Disbursen	nent (Optional) ACCOUNTING SERVICES AND	Aggregate	
- 10	OFFICE SUPPLIES REIMBURSEMENTS	Year-to-date	
F. Full Name	MARILYN BOUNDS	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	136 EVELYN BROWN LANE	6 / 18 / 2008	\$ 23.51
3353		7 / 10 / 2008	\$150.00
City, State, Zip Code	LUCEDALE, MS 39452	10 / 1 / 2008	\$500.00
	4.10.40.00	10 / 1 / 2008	\$150.00
Purpose of Disbursen	nent (Optional) ACCOUNTING SERVICES AND	Aggregate	
	OFFICE SUPPLIES REIMBURSEMENTS	Year-to-date	

			Page	4	of	6
Name of Candidate o	r Committee	WAYNE H. BROWN	085			
Reporting period	January 1, 2008	through	December 31, 2008			

DEPOSITOR CONTROL OF THE PROPERTY OF THE PROPE			
A. Full Name	MARILYN BOUNDS	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	136 EVELYN BROWN LANE	10 / 15 / 2008	\$ 122.11
•		12 9 2008	\$ 27.24
City, State, Zip Code	LUCEDALE, MS 39452	12 / 16 / 2008	\$ 300.00
Purpose of Disburser	nent (Optional) ACCOUNTING SERVICES AND	Aggregate	
	OFFICE SUPPLIES REIMBURSEMENTS	Year-to-date	\$2,213.68
B. Full Name	MATT BECKER	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2400 14TH STREET, SUITE 209	9 / 29 / 2008	\$2,800.00
City, State, Zip Code	GULFPORT, MS 39501	1 1	
Purpose of Disburser	nent (Optional) CAMPAIGN MANAGER	Aggregate	
	The state of the s	Year-to-date	\$2,800.00
C. Full Name	MGCCC BULLDOG CLUB	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 548	9 / 12 / 2008	\$ 500.00
City, State, Zip Code	PERKINSTON, MS 39573	1 1	
Purpose of Disbursen	nent (Optional) MEMBERSHIP	Aggregate	
		Year-to-date	\$ 500.00
D. Full Name	MISSISSIPPI ENGINEERING SOCIETY	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	5425 EXECUTIVE PLACE, SUITE D	11 / 10 / 2008	\$ 295.00
City, State, Zip Code	JACKSON, MS 39206	1 1	
Purpose of Disbursen	nent (Optional) DUES	Aggregate	
		Year-to-date	\$ 295.00
E. Full Name	MSU FOUNDATION	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 6149	9 / 15 / 2008	\$ 250.00
City, State, Zip Code	MISSISSIPPI STATE, MS 39762	1 1	
Purpose of Disbursem	nent (Optional) DONATION	Aggregate Year-to-date	\$ 250.00
F. Full Name	NENA GREEN	Date	Amount of each
un radino	THE WAY OF THE PARTY OF THE PAR	Mo., Day, Year)	
Mailing Address	P. O. BOX 205	8 / 2 / 2008	disbursement this period \$ 408.20
City, State, Zip Code	LUCEDALE, MS 39452	8 / 6 / 2008	\$ 220.00
Purpose of Disbursem	ent (Optional) MILEAGE	Aggregate	£ 629.00
		Year-to-date	\$ 628.20

			Page	5	_ of	6
Name of Candidate or	Committee	WAYNE H. BROWN				
Reporting period	January 1, 2008	through _	December 31, 2008			

A. Full Name	QUALITY HOME HEALTH	Date	Amount of each
		(Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 1909	1 / 2 / 2008	\$ 350.00
		3 / 28 / 2008	\$ 350.00
City, State, Zip Code	BILOXI, MS 39533	4 / 29 / 2008	\$ 350.00
	2000 Contribution For Control	6 / 27 / 2008	\$ 350.00
Purpose of Disburser	nent (Optional) OFFICE RENT	Aggregate	
	987 - 499 bi	Year-to-date	
B. Full Name	QUALITY HOME HEALTH	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 1909	9 / 29 / 2008	\$ 350.00
( <del>-</del>		10 / 27 / 2008	\$ 350.00
City, State, Zip Code	BILOXI, MS 39533	11 / 20 / 2008	\$ 350.00
Purpose of Disbursen	nent (Optional) OFFICE RENT	Aggregate	
		Year-to-date	\$ 2,450.00
C. Full Name	RICHARD BUCKMAN	Date	Amount of each
754		Mo., Day, Year)	disbursement this period
Mailing Address	2400 14TH STREET, SUITE 209	9 / 29 / 2008	\$14,000.00
City, State, Zip Code	GULFPORT, MS 39501	1 1	
Purpose of Disbursen	nent (Optional) CONSULTANT	Aggregate	
-850	048 277 - 9907	Year-to-date	\$ 14,000.00
D. Full Name	U. S. POST OFFICE	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	209 COX STREET	5 / 12 / 2008	\$ 210.00
City, State, Zip Code	LUCEDALE, MS 39452	1 1	
Purpose of Disbursen	nent (Optional) STAMPS	Aggregate	
	ration (m. Note: The State of State of the State of State	Year-to-date	\$ 210.00
E. Full Name	WAYNE H. BROWN	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 205	2 / 5 / 2008	\$ 78.75
•		3 / 12 / 2008	\$ 100.00
City, State, Zip Code	LUCEDALE, MS 39452	6 / 6 / 2008	\$ 85.00
		8 / 4 / 2008	\$ 403.00
Purpose of Disbursem	nent (Optional) MISCELLANEOUS	Aggregate	
alposo of Diobarcon	ion (opnosity missaul massa	Year-to-date	
F. Full Name	WAYNE H. BROWN	Date	Amount of each
		Mo., Day, Year)	disbursement this period
Mailing Address	P. O. BOX 205	8 / 20 / 2008	\$ 1,499.79
g r tadi 000		9 / 17 / 2008	\$ 1,493.79
City, State, Zip Code	LUCEDALE, MS 39452	11 / 17 / 2008	\$ 171.04
ony, State, Zip Code	LOCEDALE, IVIS 33432	11 / 29 / 2008	\$ 171.04 \$ 65.69
Purpose of Dieburson	ent (Optional) MISCELLANEOUS		ψ 00.09
urpose or Dispursem	ent (Optional) MISCELLANEOUS	Aggregate	\$ 2517.46
		Year-to-date	\$ 2,517.46

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Name of Candidate	or Committee	WAYNE H. BROWN	1325	88-12-080-080-08070	Countries Sci	
Reporting period	January 1, 2008	through	December 31, 2008			

A. Full Name BANCORP SOUTH	Date (Mo. Day Year)	Amount of each
Mailing Address	(Mo., Day, Year) 4 / 8 / 2008	disbursement this period \$105,797.42
walling Addices	47 67 2006	φ 105,797.42
City, State, Zip Code COLUMBIA, MS	6 / 27 / 2008	\$ 50,596.04
Purpose of Disbursement (Optional) LOAN PRINCIPAL & INTEREST	Aggregate Year-to-date	\$ 156,393.46
B. Full Name	Date Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 1	
City, State, Zip Code	1 1	1
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
C. Full Name	Date	Amount of each
MASICO Address	Mo., Day, Year)	disbursement this period
Mailing Address	/ /	
City, State, Zip Code	1 1	
Purpose of Disbursement (Optional)	Aggregate	
	Year-to-date	
D. Full Name	Date	Amount of each
Mailies Addaga	Mo., Day, Year)	disbursement this period
Mailing Address	1 1	
City, State, Zip Code	1 1	
Purpose of Disbursement (Optional)	Aggregate	
	Year-to-date	
E. Full Name	Date	Amount of each
Malling Address	Mo., Day, Year)	disbursement this period
Mailing Address	' '	
City, State, Zip Code	1 1	
Purpose of Disbursement (Optional)	Aggregate	
	Year-to-date	
F. Full Name	Date	Amount of each
	Mo., Day, Year)	disbursement this period
Mailing Address	1 1	
City, State, Zip Code	1 1	
Purpose of Disbursement (Optional)	Aggregate	
CHERT MENT DECEMBER BERTON DER SCHOOL REPORTER AND SERVICE CONTROL OF	Year-to-date	

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Name of Candidate or Committee WAYNE H. BROWN	Dogombor 21	2000
Reporting period January 1, 2008 through	December 31,	2006
ITEMIZED RECEIPTS		
A. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name WILLIAM E. STONE	5 / 29 / 2008	1,000.00
Mailing Address P. O. BOX 550	, ,	1,000.00
City, State, Zip Code BOONEVILLE, MS 38829	1 1	
Name of Employer (Required) KINES & STONE	1 1	
Occupation (Required) AGGREGATE SUPPLIES	Aggregate year-to-date	1,000.00
B. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)  Full Name IDEAL LEASING CO.	Mo., Date, Year	this period
Full name IDEAL LEASING CO.	5 / 29 / 2008	500.00
Mailing Address P. O. BOX 1647	1 1	
City, State, Zip Code HATTIESBURG, MS 39401	, ,	
Name of Employer (Required)	, ,	
Occupation (Required) EQUIPMENT LEASING	Aggregate year-to-date	500.00
C. Source: X Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt
Full Name THE C. L. DEWS & SONS FOUNDRY & MACHINERY CO. INC.	5 / 29 / 2008	this period 1,000.00
Mailing Address P. O. BOX 1647	1 1	1,000.00
City, State, Zip Code HATTIESBURG, MS 39403	, ,	
Name of Employer (Required)	, ,	
Occupation (Required) METAL CASTING	Aggregate year-to-date	1,000.00
D. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name HILL BROTHERS CONSTRUCTION CO., INC.		All Salarina and a s

Mailing Address P. O. BOX 131

Name of Employer (Required)

FALKNER, MS 38629

HIGHWAY, STREET & BRIDGE CONSTRUCTION

City, State, Zip Code

Occupation (Required)

1,000.00

5 / 29 / 2008

	of	19
Name of Candidate or Committee WAYNE H. BROWN Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: X Corporation PAC Individual Loan		Amount of each
Other (sleep assert)	Date Vees	receipt
Other (please specify) Full Name AECOM	Mo., Date, Year	this period
	12 / 21 / 2007	1,000.00
Mailing Address 515 SOUTH FLORIDA STREET	, ,	
City, State, Zip Code LOS ANGELES, CA 90071	, , ,	
	1 1	
Name of Employer (Required)	, ,	
Occupation (Required) ENGINEERING	Aggregate	
	year-to-date	1,000.00
B. Source: X Corporation PAC Individual Loan	Dete	Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name MISSISSIPPI EXPORT RAILROAD COMPANY		
M.T. Add. D.O. DOVOZAO	1 / 26 / 2008	1,000.00
Mailing Address P. O. BOX 8743	, ,	
City, State, Zip Code MOSS POINT, MS 39562-8743	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) RAILROAD	Aggregate	1 000 00
C. Source: Corporation PAC Individual Loan	year-to-date	1,000.00 Amount of each
	Date	receipt
X Other (please specify) LLC	Mo., Date, Year	this period
Full Name PROVIDENCE ENGINEERING AND ENVIRONMENTAL GROUP LLC	4 / 1 / 2008	1,000.00
Mailing Address 1201 MAIN STREET	17 17 2000	1,000.00
	1 1	
City, State, Zip Code BATON ROUGE, LA 70802	, ,	
Name of Employer (Required)		
O CONTRACTOR CONTRACTO	1 1	
Occupation (Required) ENGINEERING FIRM	Aggregate year-to-date	1,000.00
D. Source: Corporation PAC X Individual Loan		Amount of each
П оп., (1)	Date	receipt
Under (please specify)  Full Name TONY PARNELL	Mo., Date, Year	this period
	4 / 7 / 2008	25,000.00
Mailing Address 15701 HWY 57	7 7	
City, State, Zip Code VANCLEAVE, MS 39565	/ /	
	1 1	
Name of Employer (Required) TONY PARNELL CONSTRUCTION CO., INC.		

HIGHWAY, STREET & BRIDGE CONSTRUCTION

Occupation (Required)

	of	19
Name of Candidate or Committee WAYNE H. BROWN		
Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: Corporation PAC X Individual Loan	T	Amount of each
П очения (-1	Date	receipt
Uther (please specify)  Full Name GLYNN A. MALLETT	Mo., Date, Year	this period
	4/ 7/ 8	25,000.00
Mailing Address 15701 HWY 57	, ,	
City, State, Zip Code GAUTIER, MS 39553	, ,	
Name of Employer (Required) MALLETTE BROTHERS CONSTRUCTION CO.	4	
Occupation (Required) HIGHWAY, STREET & BRIDGE CONSTRUCTION	/ / Aggregate	
	year-to-date	25,000.00
B. Source: Corporation PAC X Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name THOMAS A. WALLACE	Mo., Bate, Tear	uno period
	4 / 9 / 2008	25,000.00
Mailing Address P. O. BOX 523	5 / 29 / 2008	1,000.00
City, State, Zip Code COLUMBIA, MS 39429	1 1	1,000.00
Name of Employer (Required) T. L. WALLACE CONSTRUCTION, INC.	, ,	
Occupation (Required) CEO	Aggregate year-to-date	26,000.00
C. Source: Corporation PAC X Individual Loan		Amount of each
П	Date	receipt
Uther (please specify)  Full Name LAWRENCE A. WARREN	Mo., Date, Year	this period
Ton Name Brown Ever Williams	4/ 9/ 8	25,000.00
Mailing Address P. O. BOX 572		
City, State, Zip Code HATTIESBURG, MS 39403	, ,	
	1 1	
Name of Employer (Required) WARREN PAVING, INC.	1 1	
Occupation (Required) HIGHWAY, STREET & BRIDGE CONSTRUCTION	Aggregate	
	year-to-date	25,000.00
D. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name STEVE PITTMAN		
Mailing Address 5345 RUNNYMEDE RD	4 / 10 / 2008	1,000.00
Maining Addition 5040 NOTH TIMEDE NO	1 1	
City, State, Zip Code JACKSON, MS 39211		

Name of Employer (Required)

Occupation (Required)

MORGAN STANLEY, INC.

ATTORNEY

- DATE	of	19
Name of Candidate or Committee WAYNE H. BROWN Reporting period January 1, 2008 through	Docombor 21	2009
Reporting period January 1, 2008 through	December 31,	2006
ITEMIZED RECEIPTS		
A. Source: Corporation PAC X Individual Loan	I	Amount of each
Other (please specify)	Date	receipt
Other (please specify)  Full Name STEVE COSLIK	Mo., Date, Year	this period
A TO A LIVE OF THE OTHER TO THE	4 / 21 / 2008	2,500.00
Mailing Address 2100 W. 7TH STREET	, ,	
City, State, Zip Code FT. WORTH, TX 76107	, ,	
Name of Employer (Required) SELF EMPLOYEED	, ,	
Occupation (Required) REAL ESTATE	Aggregate	3 500 00
B. Source: X Corporation PAC Individual Loan	year-to-date	2,500.00 Amount of each
	Date	receipt
Other (please specify)  Full Name HOLCIM (US) INC.	Mo., Date, Year	this period
Tollow (65) NO.	5 / 2 / 2008	1,000.00
Mailing Address 6576 AIRPORT BLVD., B-100	, ,	
City, State, Zip Code MOBILE, AL 36606	1 1	
Name of Employer (Required)	, ,	
Occupation (Required) PORTLAND CEMENT MANUFACTURER	Aggregate year-to-date	1,000.00
C. Source: Corporation PAC X Individual Loan	Date	Amount of each
Other (please specify)	Mo., Date, Year	receipt this period
Full Name WILLIAM W. LAMPTON		
Mailing Address P. O. BOX 2401	5 / 27 / 2008	500.00
	1 1	ļ
City, State, Zip Code JACKSON, MS 39225-2401	, ,	
Name of Employer (Required) ERGON	, ,	
Occupation (Required) ASPHALT MANUFACTURER	Aggregate	500.00
D. Source: X Corporation PAC Individual Loan	year-to-date	500.00
	Date	receipt
Other (please specify)  Full Name BUSH CONSTRUCTION COMPANY, INC.	Mo., Date, Year	this period
Sour Control C	5 / 27 / 2008	1,000.00
Mailing Address P. O. BOX 8327	, ,	
City, State, Zip Code LAUREL, MS 39441-8327	1 1	
Name of Employer (Required)	1 1	
ramo or Employor (required)	4	1

HIGHWAY, STREET & BRIDGE CONSTRUCTION

Occupation (Required)

1,000.00

Aggregate

year-to-date

Page	4 of	19
Name of Candidate or Committee WAYNE H. BROWN Reporting period January 1, 2008 through	December 31,	2008
ITEMAZED DECEIDTO		
ITEMIZED RECEIPTS		
A. Source: Corporation PAC Individual Loan		Amount of each
X Other (please specify) LLC	Date Mo., Date, Year	receipt this period
Full Name SILVER SLIPPER CASINO VENTURE, LLC	IVIO., Date, Teal	triis period
Mailing Address B. O. POV 2270	5 / 27 / 2008	1,000.00
Mailing Address P. O. BOX 3270	, ,	
City, State, Zip Code BAY ST. LOUIS, MS 39521	1 1	
Name of Employer (Required)	, ,	
Occupation (Required) CASINO	Aggregate	
and the state of t	year-to-date	1,000.00
B. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name BOBBY MOSELEY		
Mailing Address 103 WAYWOOD COVE	5 / 28 / 2008	500.00
	1 1	
City, State, Zip Code MADISON, MS 39110	, ,	
Name of Employer (Required) THOMPSON ENGINEERING	, ,	
Occupation (Required) ENGINEER	Aggregate	
	year-to-date	500.00
C. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name DEWAYNE BOYD		
Mailing Address 2649 NEIL COLLING RD	5 / 29 / 2008	1,200.00
Thailing Addition 2040 NETE COLLING NE	1 1	
City, State, Zip Code RAYMOND, MS 39154	1 1	
Name of Employer (Required) APAC OF MS, INC.		
Occupation (Required) HEAVY CONSTRUCTION	/ / Aggregate	
Cocupation (Required) FIEAV CONSTRUCTION	year-to-date	1,200.00
D. Source: Corporation PAC Individual Loan		Amount of each
(V) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Date	receipt
X Other (please specify) LLC Full Name DUNN ROADBUILDERS, LLC	Mo., Date, Year	this period
	5 / 29 / 2008	1,000.00
Mailing Address P. O. BOX 6560	, ,	
City, State, Zip Code LAUREL, MS 39441-6560	1 1	
	1 1	·
Name of Employer (Required)		

HIGHWAY, STREET & BRIDGE CONSTRUCTION

Occupation (Required)

Page	6 of	19
Name of Candidate or Committee WAYNE H. BROWN Reporting period January 1, 2008 through	December 31,	2008
	Doddinger 01,	
ITEMIZED RECEIPTS		
A. Source: Corporation PAC X Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name CHARLES F. PORTER		
Mailing Address 117 WOODMONT WAY	5 / 29 / 2008	1,000.00
City, State, Zip Code COLUMBIA, MS 39429	1 1	
COLUMBIA, NO 33429	1 1	
Name of Employer (Required) BARKSDALE BONDING & INSURANCE CO.	, ,	
Occupation (Required) INSURANCE & BONDS	Aggregate	4 000 00
B. Source: Corporation PAC X Individual Loan	year-to-date	1,000.00 Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name TOMMY DUNAWAY		
Mailing Address 36 DUNAWAY DRIVE	5 / 29 / 2008	1,000.00
City State 7in Code COLLINADIA MS 20420	1 1	
City, State, Zip Code COLUMBIA, MS 39429	1 1	
Name of Employer (Required) T. L. WALLACE CONSTRUCTION CO.	, ,	
Occupation (Required) ROAD & BRIDGE CONSTRUCTION	Aggregate	
C. Source: X Corporation PAC Individual Loan	year-to-date	1,000.00 Amount of each
Other (please specify)	Date Mo., Date, Year	receipt
Full Name SUNBELT SEALING, INC.		this period
Mailing Address P. O. BOX 3770	5 / 29 / 2008	1,000.00
City State 7in Code IACKSON MS 20207 2770	1 1	
City, State, Zip Code JACKSON, MS 39207-3770	1 1	
Name of Employer (Required)	, ,	
Occupation (Required) ASPHALT PAVING	Aggregate	
D. Source: X Corporation PAC Individual Loan	year-to-date	1,000.00 Amount of each
Other (please specify)	Date Mo Date Year	receipt
Full Name JOE MCGEE CONSTRUCTION CO., INC.	Mo., Date, Year	this period
Mailing Address P. O. BOX 340	5 / 29 / 2008	1,000.00
	1 1	
City, State, Zip Code LAKE, MS 39092	1 1	
Name of Employer (Required)		

GRADING, PAVING & BRIDGES

Occupation (Required)

Page	of	19
Name of Candidate or Committee WAYNE H. BROWN		
Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: Corporation PAC X Individual Loan  Other (please specify)	Date Man Park Vacan	Amount of each receipt
Full Name JOHN M. LYLE, JR.	Mo., Date, Year	this period
Mailing Address 239 ROLLING MEADOWS ROAD	5 / 29 / 2008	500.00
City, State, Zip Code RIDGELAND, MS 39157	, ,	
Name of Employer (Required) SELF EMPLOYED	, ,	
Occupation (Required) EQUIPMENT DEALER	Aggregate year-to-date	500.00
B. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)  Full Name JAMES C. CODELL, III	Mo., Date, Year	this period
Mailing Address 225 HOLIDAY ROAD	5 / 29 / 2008	1,000.00
City, State, Zip Code LEXINGTON, KY 40502-1623	1 1	
Name of Employer (Required) URS ENGINEERS	1 1	
Occupation (Required) SENIOR MANAGER	Aggregate year-to-date	1,000.00
C. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name THE BLAIN COMPANIES	5 / 29 / 2008	1,000.00
Mailing Address 693 HWY. 61 N.	, ,	
City, State, Zip Code NATCHEZ, MS 39120	, ,	
Name of Employer (Required)	, ,	
Occupation (Required) HIGHWAY, STREET & BRIDGE CONSTRUCTION	Aggregate year-to-date	1,000.00
D. Source: Corporation PAC X Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name JAY CARNEY		
Mailing Address 1429 HWY. 98 E	5 / 29 / 2008	1,000.00
City, State, Zip Code COLUMBIA, MS 39429	1 1	

T. L. WALLACE CONSTRUCTION CO., INC.

ROAD & BRIDGE CONSTRUCTION

Name of Employer (Required)

Occupation (Required)

Page	of	19
Name of Candidate or Committee WAYNE H. BROWN Reporting period January 1, 2008 through	December 31,	2008
	2000111201 01,	2000
ITEMIZED RECEIPTS		
A. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify) Full Name CENTURY BANK	Mo., Date, Year	this period
Marie Addes D. O. DOVOAT	6/ 3/ 8	500.00
Mailing Address P. O. BOX 647	1 1	
City, State, Zip Code LUCEDALE, MS 39452		
Name of Employer (Required)	<del>                                     </del>	
O	1 1	
Occupation (Required) FINANCIAL INSTITUTION	Aggregate year-to-date	500.00
B. Source: Corporation PAC X Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name BRAX H. BATSON		
Mailing Address 610 BOND AVE. W	6 / 3 / 2008	500.00
	1 1	
City, State, Zip Code WIGGINS, MS 39577	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) RETIRED	Aggregate year-to-date	500.00
C. Source: Corporation PAC Individual Loan		Amount of each
X Other (please specify) LLC	Date Mo., Date, Year	receipt this period
Full Name DOZER, LLC		
Mailing Address P. O. BOX 2031	6 / 3 / 2008	1,000.00
City, State, Zip Code NATCHEZ, MS 39121	1 1	
14/10/12/, MO 33/2/	, ,	
Name of Employer (Required)	, ,	10.00
Occupation (Required) HIGHWAY, STREET & BRIDGE CONSTRUCTION	Aggregate	
D. Source: Corporation PAC X Individual Loan	year-to-date	1,000.00 Amount of each
	Date	receipt
Other (please specify)   CLYDE H. GUNN, III	Mo., Date, Year	this period
10 00000 (1000000 10000 (1000000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 1000000	6 / 3 / 2008	500.00
Mailing Address P. O. DRAWER 1916	1 1	
City, State, Zip Code BILOXI, MS 39533		

Name of Employer (Required)

Occupation (Required)

SELF EMPLOYED

ATTORNEY

0	Page	9 of	19
	VAYNE H. BROWN		
Reporting period January 1, 2008	through	December 31,	2008
ITEMIZEI	D RECEIPTS		
A. Source: Corporation PAC X Individual	Loan	Date	Amount of each receipt
Other (please specify)		Mo., Date, Year	this period
		6 / 5 / 2008	1,000.00
Mailing Address P. O. BOX 289		, ,	
City, State, Zip Code BILOXI, MS 39533-0289	11.2	, ,	
Name of Employer (Required) PAGE, MANNIO & PERESIC	H	, ,	
Occupation (Required) ATTORNEY		Aggregate	
B. Source:   Corporation   PAC   Individual	Loan	year-to-date	1,000.00 Amount of each
		Date	receipt
X Other (please specify) LTD   Full Name   NITZ, WALTON & HEATON, LTD		Mo., Date, Year	this period
Full Name NITZ, WALTON & REATON, LTD		6 / 5 / 2008	1,000.00
Mailing Address 601 SOUTH TENTH STREET, SUITE 201		, ,	
City, State, Zip Code LAS VEGAS, NV 89101		, ,	
Name of Employer (Required)	95.	, ,	
Occupation (Required) ACCOUNTANTS		/ / Aggregate	
		year-to-date	1,000.00
C. Source: Corporation PAC X Individual	Loan	Date	Amount of each receipt
Other (please specify)		Mo., Date, Year	this period
Full Name JEFFREY M. COOPER			
Mailing Address 5851 W. CHARLESTON BLVD.		6 / 5 / 2008	1,000.00
		1 1	
City, State, Zip Code LAS VEGAS, NV 89146		1 1	
Name of Employer (Required) SELF-EMPLOYED		1 1	
Occupation (Required) ATTORNEY		Aggregate	
		year-to-date	1,000.00
D. Source: Corporation PAC X Individual	Loan	Date	Amount of each receipt
Other (please specify)		Mo., Date, Year	this period
Full Name CHEVIS C. SWETMAN		6/ 5/2009	E00.00
Mailing Address 1210 BEACH BLVD.		6 / 5 / 2008	500.00
City, State, Zip Code BILOXI, MS 39530-3633		1 1	
		1 1	
Name of Employer (Required) THE PEOPLES BANK		1 1	
Occupation (Required) PRESIDENT		Aggregate	222202000
		year-to-date	500.00

Page	of	19
Name of Candidate or Committee WAYNE H. BROWN	Danambar 24	2000
Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: X Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name VOLKERT & ASSOCIATES, INC.	6 / 10 / 2008	1,000.00
Mailing Address P. O. BOX 7434	1 1	
City, State, Zip Code MOBILE, AL 36670	, ,	
Name of Employer (Required)	, ,	
Occupation (Required) ENGINEERS & ARCHITECTURE	Aggregate	1,000.00
B. Source: X Corporation PAC Individual Loan	year-to-date	Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name LUCE PACKING COMPANY	6 / 11 / 2009	1 000 00
Mailing Address 4519 MCINNIS AVE	6 / 11 / 2008	1,000.00
City, State, Zip Code MOSS POINT, MS 39563	, ,	
Name of Employer (Required)	, ,	
Occupation (Required) REAL ESTATE INVESTOR	Aggregate year-to-date	1,000.00
C. Source:   Corporation   PAC   X Individual   Loan	year-to-date	Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name MARK B. MILLER	6 / 11 / 2008	2,000.00
Mailing Address 600 BRAWOOD DR	1 1	
City, State, Zip Code MOBILE, AL 36608	1 1	
Name of Employer (Required) NEEL SCHAFER	1 1	
Occupation (Required) ENGINEER	Aggregate year-to-date	2,000.00
D. Source: Corporation PAC X Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name ROBERT E. DEMOUEY		Silo poriod
	6 / 11 / 2008	2,000.00

Mailing Address 19005 HWY. 613

Name of Employer (Required)

MOSS POINT, MS 39562

J. L. MCCOOL STRIPING

PAINTING CONTRACTOR

City, State, Zip Code

Occupation (Required)

Page	of	19
Name of Candidate or Committee WAYNE H. BROWN Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: Corporation PAC Individual Loan	Date	Amount of each
X Other (please specify) LLC	Mo., Date, Year	receipt this period
Full Name ENVIRONMENTAL SERVICES GROUP, LLC	6 / 44 / 2000	
Mailing Address P. O. BOX 191073	6 / 11 / 2008	1,000.00
City, State, Zip Code MOBILE, AL 36619	1 1	
Name of Employer (Required)	/ /	
Occupation (Required) CONSULTANTS	/ / Aggregate	
occupation (required)	year-to-date	1,000.00
B. Source: X Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name THERMATECH SUPPLY, INC.	Ivio., Date, Tear	uns period
	6 / 11 / 2008	1,000.00
Mailing Address P. O. BOX 8189	, ,	
City, State, Zip Code MOSS POINT, MS 39562	, ,	
Name of Employer (Required)		
Occupation (Required) PAINTING	Aggregate year-to-date	1,000.00
C. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name GENERAL INSULATION, INC.	6 / 11 / 2008	1,000.00
Mailing Address 3555 HURRICANE BAY DRIVE	07 117 2008	1,000.00
Cit. Clate 7: Ondo	1 1	
City, State, Zip Code THEODORE, AL 36582	, ,	
Name of Employer (Required)	1 1	10-30-000
Occupation (Required) INSULATION	Aggregate year-to-date	1,000.00
D. Source: Corporation PAC X Individual Loan	700. 10 0010	Amount of each
	Date	receipt
Other (please specify)  Full Name GEORGE A. SCHLOEGEL	Mo., Date, Year	this period
Turnano George A. Goriegese	6 / 11 / 2008	1,000.00
Mailing Address 800 COMMERCE DRIVE	1 1	
City, State, Zip Code GULFPORT, MS 39507		
Name of Employer (Required) RETIRED BANKER	1 1	
Occupation (Required)	/ / Aggregate	

Name of Candidate or Committee WAYNE H. BROWN	of	19
Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: X Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name GEOPAVE		
Mailing Address 10210 LOGAN CLINE RD	6 / 13 / 2008	1,000.00
	1 1	
City, State, Zip Code GULFPORT, MS 39503	1 1	
Name of Employer (Required)	, ,	
Occupation (Required) ASPHALT PAVER	Aggregate	
B. Source:   Corporation   PAC   Individual   Loan	year-to-date	1,000.00 Amount of each
B. Source. Corporation 1740 Individual Coan	Date	receipt
X Other (please specify) LLC	Mo., Date, Year	this period
Full Name INTERSTATE LOGOS, LLC	6 / 17 / 2008	1,000.00
Mailing Address P. O. BOX 66338	, ,	
City, State, Zip Code BATON ROUGE, LA 70896	<b>,</b> ,	
Name of Employer (Required)	, ,	
Occupation (Required) SIGNAGE	/ / Aggregate	
Occupation (Nequired)	year-to-date	1,000.00
C. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
X Other (please specify) LLC	Mo., Date, Year	this period
Full Name HOLLIDAY CONSTRUCTION, LLC		
Mailing Address STENNIS SPACE CENTER, 534 HIGHWAY	6 / 17 / 2008	1,000.00
- The state of the	1 1	
City, State, Zip Code POPLARVILLE, MS 39470	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) TRUCKING	Aggregate	
	year-to-date	1,000.00
D. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name MISSISSIPPI LOGOS, INC.	6 / 17 / 2008	1,000.00
Mailing Address 116 VILLAGE BLVD. STE. D		1,000.00
City, State, Zip Code MADISON, MS 39110	/ /	
	1 1	
Name of Employer (Required)		

Occupation (Required)

SIGNAGE

	100	
- 10 000 -	of	19
Name of Candidate or Committee WAYNE H. BROWN Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: C Corporation PAC Individual Loan  Other (please specify)	Date	Amount of each receipt
Full Name HOLLIDAY CONSTRUCTION	Mo., Date, Year	this period
Mailing Address 534 HWY. 26 EAST	6 / 17 / 2008	1,000.00
City, State, Zip Code POPLARVILLE, MS 39470	, ,	
Name of Employer (Required)	, ,	
Occupation (Required) TRUCKING	Aggregate year-to-date	1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
X Other (please specify) LLC Full Name HOLLIDAY DEVELOPMENT, LLC	Mo., Date, Year	this period
Mailing Address 534 HWY, 26 EAST	6 / 17 / 2008	1,000.00
	1 1	
City, State, Zip Code POPLARVILLE, MS 39470	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) LAND DEVELOPMENT	Aggregate year-to-date	1,000.00
C. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name HERBERT W. GENTRY, II	6 / 17 / 2008	1,000.00
Mailing Address P. O. BOX 41	1 1	
City, State, Zip Code POPLARVILLE, MS 39470	1 1	
Name of Employer (Required) SELF-EMPLOYED	1 1	
Occupation (Required) TRUCKING & TIMBER	Aggregate year-to-date	1,000.00
D. Source: Corporation PAC X Individual Loan		Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name JOHN W. FAGAN	6 / 19 / 2008	25,000.00
Mailing Address 32283 CR 323		25,000.00
City, State, Zip Code POPLARVILLE, MS 39470-8417	1 1	

Name of Employer (Required)

Occupation (Required)

T.C.B. CONSTRUCTION CO.

ROADS, BRIDGES & LAND DEVELOPMENT

Name of C	andidate or	Committee	Pa WAYNE H. BROWN	age	14	of	19
Reporting p	oe <u>riod</u>	January 1, 2008	throug <u>h</u>		Decemb	er 31,	2008
		ITEMIZI	ED RECEIPT	S			
A. Source:	X Corporation	PAC Individual	Loan		Dat	e	Amount of each receipt

A. Source: X Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name GULF COAST PRE-STRESS, INC.	6 / 19 / 2008	1,000.00
Mailing Address P. O. BOX 825	07 107 2000	1,000.00
	1 1	
City, State, Zip Code PASS CHRISTIAN, MS 39571		
	1 1	
Name of Employer (Required)	, ,	
Occupation (Required) PRE-STRESS CONCRETE	Aggregate	
Proposition (Control of the Control	year-to-date	1,000.00
B. Source:   Corporation   PAC   X Individual   Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name KENNETH O. SMITH		
	6 / 19 / 2008	1,000.00
Mailing Address P O. BOX 819		
O' O' T O I	1 1	
City, State, Zip Code GAUTIER, MS 39553	, ,	
Name of Employer (Required) SELF-EMPLOYED		**************************************
	1 1	
Occupation (Required) REALTOR	Aggregate	
2002 (1000 11 CH2 100)	year-to-date	1,000.00
C. Source: X Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name MID SOUTH MACHINERY		
	6 / 23 / 2008	250.00
Mailing Address P. O. BOX 6076		
0: 0: 17: 0 1	1 /	
City, State, Zip Code JACKSON, MS 39288	, ,	
Name of Employer (Required)		
,	1 1	
Occupation (Required) EQUIPMENT LEASING & SALES	Aggregate	
	year-to-date	250.00
D. Source: X Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name DAVID NEW OPERATING CO., INC.		10000 000
A-T Add B-O BRANES 4463	6 / 26 / 2008	1,000.00
Mailing Address P. O. DRAWER 1487	1 1	
City, State, Zip Code NATCHEZ, MS 39121-1487	1 1	
	1 1	DE - 200 - 00 00 00 00 00 00 00 00 00 00 00 00
Name of Employer (Required)		
	1 1	
Occupation (Required) OIL FIELD WORK	Aggregate	900 M 510 M 500 M
	year-to-date	1,000.00

		Page	15	of	19
Name of Candidate or C	Committee	WAYNE H. BROWN	_		
Reporting period	January 1, 2008	through	Decem	ber 31, 2008	

## ITEMIZED RECEIPTS

A. Source: X Corporation PAC Individual Loan	1	Amount of each
A. Source. A corporation   PAC   Individual   Edain	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name GOOD HOPE, INC.		1
	6 / 26 / 2008	1,000.00
Mailing Address P. O. BOX 614	1 1	
City, State, Zip Code NATCHEZ, MS 39121		
ony, state, are south	I = I	
Name of Employer (Required)		
	1 1	
Occupation (Required) LAND DEVELOPMENT & CONSTRUCTION	Aggregate	4 000 00
P. Causes III Comparation II PAC II Individual II I con	year-to-date	1,000.00
B. Source:	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name RIDGE POINT CONSULTANTS	Wor, Bato, Toal	tino period
	6 / 26 / 2008	1,000.00
Mailing Address 710 HOMOCHITTO CAMPOUT RD, SE		
	1 1	
City, State, Zip Code MEADVILLE, MS 39653		
	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) R.O.W. APPRAISALS	Aggregate	
	year-to-date	1,000.00
C. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
X Other (please specify) LLC	Mo., Date, Year	this period
Full Name LITTLE BLUFF, LLC	6 / 30 / 2008	1,500.00
Mailing Address P. O. BOX 1437		
201 (201 (201 - 201 (201 (201 (201 (201 (201 (201 (201	1 1	
City, State, Zip Code OCEAN SPRINGS, MS 39566-0703		
	1 1	
Name of Employer (Required)		
Occupation (Required) LAND DEVELOPMENT & REAL ESTATE	/ /	
Occupation (Required)	Aggregate year-to-date	1,500.00
D. Source:  x   Corporation   PAC   Individual   Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name LANE CONST. CO. OF MS., INC.		
	6 / 30 / 2008	1,000.00
Mailing Address P. O. BOX 1437	1 1	
City, State, Zip Code OCEAN SPRINGS, MS 39566-1437	/ /	
OID 11 OF THEO, 1810 00000-1401	1 1	
Name of Employer (Required)		
	1 1	
Occupation (Required) GRADING & PAVING	Aggregate	4 000 00
	year-to-date	1,000.00

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Name of Candidate or Committee WAYNE H. BROWN	- - -	2000
Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: Corporation PAC X Individual Loan		Amount of each
Other (riseses essents)	Date	receipt
Other (please specify)  Full Name WILLIAM C. MITCHELL.	Mo., Date, Year	this period
	7/ 7/2008	500.00
Mailing Address 13 COLONEL WINK DR	, ,	
City, State, Zip Code GULFPORT, MS 39507		
Name of Employer (Required) SELF-EMPLOYED	1 1	
Name of Employer (Required) SELF-EMPLOYED	1 1	
Occupation (Required) INVESTOR	Aggregate	
B. Source:   Corporation   X   PAC   Individual   Loan	year-to-date	500.00 Amount of each
B. Cource. Superation 19 1760 Individual Decim	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name MISSISSIPPI POWER COMPANY STATE PAC	7 / 16 / 2008	1,000.00
Mailing Address P. O. BOX 4079	, ,	
City, State, Zip Code GULFPORT, MS 39502	, ,	
Name of Employer (Required)	1 1	
Occupation (Required) POWER COMPANY PAC	Aggregate year-to-date	1,000.00
C. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name BURK-KLEINPETER, INC.		
Mailing Address P. O. BOX 19087	12 / 18 / 2008	1,000.00
gention: • networks the processor peakings	1 1	
City, State, Zip Code NEW ORLEANS, LA 70019-0087	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) ENGINEERING	Aggregate	4 000 00
D. Source: Corporation PAC Individual Loan	year-to-date	1,000.00 Amount of each
	Date	receipt
X Other (please specify) LLC Full Name WARNOCK & ASSOCIATES, LLC	Mo., Date, Year	this period
TAINTOON & ACCOUNTES, LEC	7 / 23 / 2008	1,500.00
Mailing Address P. O. BOX 1623	, ,	
City, State, Zip Code CANTON, MS 39046	1 1	
	1 1	
Name of Employer (Required)		

**ENGINEERING & SURVEYING** 

Occupation (Required)

Aggregate

year-to-date

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Name of Candidate or Committee WAYNE H. BROWN	_	
Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: X Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name MCCOOL LEASING	7 / 23 / 2008	1,000.00
Mailing Address P. O. BOX 1765	1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State, Zip Code PASCAGOULA, MS 39568	1 1	
Name of Employer (Required)	, ,	
Occupation (Required) EQUIPMENT LEASING	Aggregate	
	year-to-date	1,000.00
B. Source: Corporation PAC X Individual Loan		Amount of each
Otto-(-lane	Date	receipt
Other (please specify)	Mo., Date, Year	this period
1 di	7 / 23 / 2008	1,000.00
Mailing Address 3333 GATTI PL	1 1	
City, State, Zip Code GAUTIER, MS 39553	, ,	
Name of Employer (Required) J. L. MCCOOL CONTRACTORS, INC.	1 1	
Occupation (Required) CONTRACTOR	Aggregate	
	year-to-date	1,000.00
C. Source: X Corporation PAC Individual Loan	Б.	Amount of each
Other (please specify)	Date Mo., Date, Year	receipt this period
Full Name J. L. MCCOOL CONTRACTORS, INC.	7 / 23 / 2008	1,000.00
Mailing Address P. O. BOX 1765	1 1	1,000.00
City, State, Zip Code PASCAGOULA, MS 39567		
Name of Employer (Required)	, ,	
Occupation (Required) STRIPING, SEAL COATING	/ / Aggregate	
Occupation (nequired)	year-to-date	1,000.00
D. Source: X Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period

COASTAL STRIPING COMPANY

STRIPING

PASCAGOULA, MS 39568-1902

Full Name

City, State, Zip Code

Occupation (Required)

Mailing Address P. O. BOX 1902

Name of Employer (Required)

1,000.00

23 / 2008

		Page	18	of	19
Name of Candidate or Co	ommittee	WAYNE H. BROWN	_		
Reporting period	January 1, 2008	through	Decem	ber 31, 2008	

### ITEMIZED RECEIPTS

	. •	
A. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
X Other (please specify) SOLE PROPRIETORSHIP	Mo., Date, Year	this period
Full Name TANNER FARMS	8 / 18 / 2008	2,000.00
Mailing Address P. O. BOX 460	, ,	
City, State, Zip Code ELLISVILLE, MS 39437	, ,	
Name of Employer (Required)	1 1	
Occupation (Required) FARMING	Aggregate year-to-date	2,000.00
B. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name F. M. HOOD & ASSOCIATES	8 / 22 / 2008	300.00
Mailing Address ONE AMERICAN PLACE, STE. 1170	<u> </u>	
,	1 1	
City, State, Zip Code BATON ROUGE, LA 70825	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) TRUCKING	Aggregate	
	year-to-date	300.00
C. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
X Other (please specify) PA	Mo., Date, Year	this period
Full Name GUILD HARDY ARCHITECTS, PA	8 / 25 / 2008	500.00
Mailing Address 1401 TOMMY MUNRO DR	1 1	
City, State, Zip Code BILOXI, MS 39532	1 '	
	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) ARCHITECTURE	Aggregate year-to-date	500.00
D. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name JOHN E. MCKEE, JR.	8 / 25 / 2008	1,000.00
Mailing Address 3 OAK ALLEY		
City, State, Zip Code CLINTON, MS 39056	/ /	
Name of Employer (Required) ABMB ENGINEERS, INC.	, ,	HISTORY II K
Occupation (Required) ENGINEER	/ / / Aggregate	
Occupation (Required) ENGINEER	year-to-date	1,000.00

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Name of Candidate or Committee WAYNE H. BROWN		
Reporting period January 1, 2008 through	December 31,	2008
ITEMIZED RECEIPTS		
A. Source: X Corporation PAC Individual Loan		Amount of each
П оп (1)	Date No.	receipt
Other (please specify)  Full Name PB AMERICAS, INC.	Mo., Date, Year	this period
To the territory and the terri	9 / 23 / 2008	500.00
Mailing Address 3340 PEACHTREE ROAD, NE	1 1	
City, State, Zip Code ATLANTA, GA 39326-1087		
Name of Employer (Required)	/ /	
Name of Employer (Required)	1 1	
Occupation (Required) ENGINEERS	Aggregate	
	year-to-date	500.00
B. Source: Corporation X PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name AT&T POLITICAL ACTION COMMITTEE		
MASKED Address 475 F CARITAL CT LANDMARK CENTED BOOM 702	12 / 15 / 2008	500.00
Mailing Address 175 E. CAPITAL ST., LANDMARK CENTER, ROOM 703	1 1	
City, State, Zip Code JACKSON, MS 39201	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) POLITICAL ACTION COMMITTEE	Aggregate	
C. Source: X Corporation PAC Individual Loan	year-to-date	500.00 Amount of each
C. Source. A Corporation PAC I individual Li Loan	Date	receipt
Other (please specify)	Mo., Date, Year	this period
Full Name CHEVRON CORPORATION	40 / 47 / 0000	500.00
Mailing Address P. O. BOX 9034	12 / 17 / 2008	500.00
Walling Address 1. C. Sex 600 /	1 1	
City, State, Zip Code CONCORD, CA 94524	1 1	
Name of Employer (Required)	1 1	
Occupation (Required) OIL COMPANY	Aggregate	
	year-to-date	500.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Mo., Date, Year	this period
Full Name	, ,	
Mailing Address	/ /	
mentics X. appropriets	1 1	
City, State, Zip Code	1 1	
Name of Employer (Required)		

Occupation (Required)